



**KNIGHTS OF COLUMBUS COUNCIL #1043
SCHOLARSHIP APPLICATION
RULES AND REGULATIONS**



1. The scholarship will be awarded to the applicant whom the Scholarship Committee deems most deserving. It will be \$2,000 scholarship paid in equal installments of \$500 starting at the time of selection and then each of the following three years. The payments will be made as long as all the rules and regulations are followed.
2. The scholarship is available to only a boy/girl whose father/guardian is a living member in good standing or a deceased member who was in good standing at the time of his death of the Knights of Columbus Council #1043 in Elkhart, Indiana.
3. If during the installment period, the father/guardian is deemed not in good standing, the scholarship will be forfeited.
4. If during the installment period, the student withdraws from school or is placed on academic probation, the scholarship will be forfeited.
5. The Scholarship Recipient must correspond, in writing, with the Scholarship Committee after the completion of each year of college. In this correspondence you will state how the year went, accomplishments and goals for the upcoming year. Also enclose a copy of grades and credits earned for that year.
6. Any Scholarship Recipient who fails to send his/her yearly correspondence and grades will forfeit the remainder of their scholarship.
7. The Scholarship Committee of Council #1043 has the final decision in regards to any scholarship awarded by the Council.

I FULLY UNDERSTAND THE RULES AND REGULATIONS PRESENTED ABOVE AND WILL ABIDE BY THEM. IF I FAIL TO ABIDE, I FULLY UNDERSTAND THE CONSEQUENCES.

SIGNATURE OF APPLICANT _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PLEASE RETURN THE SIGNED COPY OF THIS FORM WITH THE SCHOLARSHIP APPLICATION. IF THIS FORM IS NOT SIGNED AND RETURN, THE APPLICATION WILL BE DEEMED INCOMPLETE AND NOT CONSIDERED.



**KNIGHTS OF COLUMBUS COUNCIL #1043
MEMORIAL SCHOLARSHIP APPLICATION**



Date: _____

Name in Full: _____ Telephone #: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____ Living Deceased

Mother's Full Name: _____ Living Deceased

Brothers:
Number: _____ Ages: _____ # Attending College: _____ # Married: _____ # Living at Home: _____

Sisters:
Number: _____ Ages: _____ # Attending College: _____ # Married: _____ # Living at Home: _____

Father's Occupation: _____ Employer: _____

Mother's Occupation: _____ Employer: _____

Parish Affiliation: _____

List any scholarships or financial aid already applied for: _____

Colleges you have applied to: _____

Intended College Major: _____ Name of High School: _____

Date of Graduation: _____ Class Rank: _____ # students in your class: _____

List any special recognition you have received for scholastic excellence: _____

Extra-curricular activities: _____

Employment held in the last 3 years: _____

SAT Scores: Verbal: _____ Math: _____ ACT Scores: Verbal: _____ Math: _____

The applicant shall prepare a statement of 300 words or less setting forth his/her vocational goals or professional goals and relate how past, present and future activities make the accomplishment of these goals probable. The applicant, by deed and circumstance, must demonstrate his/her worthiness. The letter must be signed.

APPLICATION MUST BE SIGNED BY THE APPLICANT, PARENT/GUARDIAN AND PRINCIPAL OR TEACHER WHO IS CURRENTLY TEACHING THE APPLICANT.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF PRINCIPAL OR TEACHER: _____

DEADLINE FOR RETURN OF THE APPLICATION IS MAY 7TH OF THE CURRENT YEAR. ANY APPLICATION RETURNED AFTER DEADLINE WILL NOT BE CONSIDERED.

PLEASE ATTACH OFFICAL HIGH SCHOOL TRANSCRIPT OF STUDENT RECORD FROM THE BEGINNING OF 9TH GRADE TO THE DUE DATE OF THE APPLICATION. THESE TRANSCRIPTS MAY BE PHOTOCOPIES THAT BEAR AN ORIGINAL SIGNATURE AND SEAL OF THE PROPER HIGH SCHOOL AUTHORITY.

RETURN APPLICATION TO:

KNIGHTS OF COLUMBUS COUNCIL 1043
ATTN: SCHOLARSHIP COMMITTEE
112 E. LEXINGTON AVE
ELKHART, IN 46516